

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 207209043

Report Date: 07/28/2021

Date Signed: 07/28/2021 04:04:04 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1314 E SHAW AVE FRESNO, CA 93710
FACILITY EVALUATION REPORT	

FACILITY NAME:	CEDAR CREEK SENIOR LIVING	FACILITY NUMBER:	207209043
ADMINISTRATOR:	VALE, MARTIN T.	FACILITY TYPE:	740
ADDRESS:	500 N. WESTBERRY BLVD.	TELEPHONE:	(559) 673-2345
CITY:	MADERA	STATE:	CA
CAPACITY:	162	CENSUS:	98
TYPE OF VISIT:	Required - 1 Year	DATE:	07/28/2021
MET WITH:	Shawniee Jackson, Executive Director	UNANNOUNCED TIME BEGAN:	10:24 AM
		TIME	01:00 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) L. Salazar arrived at the facility unannounced to conduct the Infection Control Inspection. LPA met with Executive Director, Shawniee Jackson completed the Covid Contact questionnaire. LPA entered through the central entry point where hand sanitizer and visitor policy was posted. LPA observed the Staff and Visitor sign in and Covid Symptom Screening area.
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6	Facility Mitigation plan has been submitted to CCL. Infection control procedures described in the plan which were observed and reviewed by LPA include: Daily symptoms screenings (for staff, persons in care and visitors), testing, visitation, quarantine/isolation procedures, emergency staffing plan, PPE storage, use and training, as well as daily infection control procedures. The Executive Director and Maintenance Director is identified as the Infection Control Lead for the facility.
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12	LPA toured the facility inside and out. Postings to encourage face coverings and hand washing were observed. Furniture in common and dining areas are spaced to promote distancing. Staff were all observed wearing face coverings. Facility has multiple designated visitation areas available. LPA observed 30-day medication supply and PPE accessible to staff. Common and resident bathroom sinks are stocked with liquid soap and paper towels for hand washing.
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18	Through LPA's observations, documentation review and interview with Executive Director, , the required infection control practices are found to be in compliance. No deficiencies cited on today's inspection.
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NAME OF LICENSING PROGRAM MANAGER: Melinda Hoffmann

NAME OF LICENSING PROGRAM ANALYST: Lisa Salazar

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 07/28/2021

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 07/28/2021

This report must be available at Child Care and Group Home facilities for public review for 3 years.